

<u>Application to join "Little Ange</u>	ls Preschool"	
Name of Child	<u>Date of Birth</u>	
Name(s) & address(es) of pare	<u>nt(s)</u>	
Postcode	<u>Telephone</u>	
	Mobile(s)	
	ou will be applying for your child to atte	
I / We would like	to start attending Little Angels nd availability)	Preschool on the following days:
•	AM 9.00 - 11.30	PM 12.30 - 3.00
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
If we find that we no lon	e)ger need the place, we will inform the	ne setting as soon as possible.
Admission to join "Little Angels	: Preschool"	
•		
*on*  *We will notify you as soon as		
Signed for the setting		
Name	Title	
Date		

Thank you for your interest in Little Angels